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Substitute for form 1449/PTO	Complete if Known		
	Application Number	Not yet assigned	
INFORMATION DISCLOSURE	Filing Date		
INFORMATION DISCLOSURE	First Named Inventor	Forshpan, Sharon	
STATEMENT BY APPLICANT	Art Unit	N/A	
(Use as many sheets as necessary)	Examiner Name	N/A	
heet 1 of 1	Attorney Docket Number	03-255-JB	

Examiner	Cite	Document Number	Publication Date	Name of Patentee or	Pages, Columns, Lines, Where
Initials*	No.1		MM-DD-YYYY	Applicant of Cited Document	Relevant Passages or Relevant Figures Appear
		Number-Kind Code ^{2 (F known)}	07.40.4007	11-1	13
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Examiner Initials*	Cite No.1	Foreign Patent Document	Jument Publication Name of Patentee or Pages, Columns, Lines, Date Applicant of Cited Document Where Relevant Passages	Г	
		Country Code ^{3 -} Number ^{4 -} Kind Code ⁵ (if known)	MM-DD-YYYY	Or Relevant Figures Appear	1
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